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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/01/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient lumbar myelogram with post myelogram CT scan

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/29/10, 2/9/10

M.D.,F.A.C.S. 12/28/09, 1/19/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male injured when he lifted. He continues with low back pain with tingling in the left leg. This pain is increased with activity. He has had PT, chiropractic therapy and epidural steroid injection, as well as medications. His neurological examination reveals 4/5 left extensor hallucis and dorsiflexion. A CT of the lumbar spine 01/14/2008 reveals a 4-5 central L4-L5 disc herniation above the origins of the L5 root sleeves. There is also a 1-2mm diffuse protrusion at L5-S1, which reaches the dural sac, both S1 root sleeves, and probably the exiting L5 sleeve in the foramen. Surgery is being considered. The provider is requesting an outpatient lumbar myelogram with postmyelogram CT.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The outpatient myelogram with post myelogram CT is medically necessary. According to the Official Disability Guidelines, a CT myelogram is indicated if an MRI is contraindicated, inconclusive, or unavailable. It can also be used for surgical planning. In this case, the claimant has evidence of an L5 radiculopathy, as evidenced by 4/5/ left extensor hallucis and dorsiflexion. There is likely pathology involving the L5 nerve root on the CT scan 01/14/2008. The claimant has failed conservative measures and is now a surgical candidate. According to the ODG, "Low Back" chapter, a CT myelogram can be indicated for surgical planning.

Based on the records provided and the ODG, the reviewer finds that medical necessity exists for Outpatient lumbar myelogram with post myelogram CT scan.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)